

FILED MAY 27 1943 156
Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Freeman Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 30 Years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 1115 Connor
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George Cozad

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Bessie Cozad 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Nov. 12 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 6 1 hr. min.

9. Birthplace Monmouth Kans.
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer on Frisco R.P.

11. Industry or business

MOTHER FATHER { 12. Name Andy Cozad
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Cozad
(b) Address 1115 Connor
17. (a) Burial (b) Date thereof 5/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ozark Memorial

18. (a) Signature of funeral director Parker Hunsaker
(b) Address Joplin, Mo.
19. (a) 5-14-43 (b) Arthur D. Sudhoefer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from
that I last saw Did not see him alive alive on 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Head and chest injuries from being run over by R.P. train
Due to.....

Due to.....
Other conditions..... (Include pregnancy within 3 months of death) 167-8
30

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 13, '43
(c) Where did injury occur? Joplin Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in R.P. yards
While at work? yes (Specify type of place) (e) Means of injury corner
23. Signature P. V. Webster (M. D. or other)
Address Carthage Mo Date signed May 13, 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

48-5-556

JUN 18 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.